



Texas Department of Public Safety  
Regulatory Services Division

www.dps.texas.gov

- MUST USE MOST **CURRENT** FORM
- **PRINT** CLEARLY IN BLACK INK
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

PRIVATE SECURITY

EXAMPLE:

Yes ☒ No ☐

NOTIFICATION OF TERMINATION FOR EMPLOYEE REGISTRATION

EMPLOYEE INFORMATION

All employees terminated with an effective date of March 1, 2009 and with the submission of the PSB-19B will be entered into the PSB database. Please **do not** submit any form or list for employees terminated **before** March 1, 2009, as these employees will be processed through our archival procedure.

I understand that a termination form shall be required for **each** employee that is terminated. (Note: A list of terminated employees not on a prescribed form will not be processed.)

Yes ☐  
No ☐

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

I understand that if a termination form is NOT filled out in its entirety or pertinent information NOT submitted, then it will **not** be processed by the Private Security Bureau.

Yes ☐  
No ☐

I understand that the Private Security Bureau will not be able to process a termination form due to the following situations:

1. A pre-dated termination form.
2. An employee who worked for the company, but never submitted an Original Registration or Employee Information Update.

Yes ☐  
No ☐

(Please check employment status by visiting the department website at [www.txdps.state.tx.us/psb/company/company\\_search.aspx](http://www.txdps.state.tx.us/psb/company/company_search.aspx))

I understand that a Notification of Termination merely states that an employee was terminated by the current employer. However, a termination **does not** remove the individual from the company employee list.

Yes ☐  
No ☐

Company/School  
Name

Company/School  
License Number

Terminated Employee  
Printed Last Name

First  
Name

M.I.

Suffix  
(If Any)

Terminated Employee  
Social Security Number

- -

Effective Date Of  
Termination (MM/DD/YYYY)

/ /

TERMINATION INFORMATION (CHECK ALL THAT APPLY)

- |   |   |   |
|---|---|---|
| <input type="radio"/> Alarm Salesperson       | <input type="radio"/> Commissioned Security Officer                                       | <input type="radio"/> Non-Commissioned Security Officer |
| <input type="radio"/> Alarm Systems Installer | <input type="radio"/> Electronic Access Control Device Installer (Includes Gate Operator) | <input type="radio"/> Personal Protection Officer       |
| <input type="radio"/> Alarm Systems Monitor   | <input type="radio"/> Employee of License Holder  | <input type="radio"/> Private Investigator              |
| <input type="radio"/> Branch Office Manager   | <input type="radio"/> Guard Dog Trainer   | <input type="radio"/> Security Consultant               |
| <input type="radio"/> CE Instructor           | <input type="radio"/> Locksmith Registration  | <input type="radio"/> Security Salesperson              |

As required, I am enclosing the **Pocket Card** as part of this Notification of Termination.

Yes ☐  
No ☐ \* The Pocket Card was not returned.

OWNER OR MANAGER INFORMATION

Manager, Manager's Designee  
Or Owner Last Name

Printed  
First Name

I verify that the information provided is true and correct, and I understand that this is an **official Government record** and that any false statement made on this document or any other supplement provided to the Department may result in **criminal prosecution**.

Manager, Manager's Designee or Owner Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This form and attachments can be faxed to (512) 424-7726 or forwarded by mail to:

Texas Department of Public Safety  
Private Security MSC 0242  
PO Box 4087  
Austin, TX 78773-0001